SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Vame) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
VERN THARP 5040 ACOMA STREET DENVER CO 80216	
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from se 7004 1160 00	03 0191 6737
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

